

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37476

4920

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville 1490	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) 509 N. Fountain St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) EARL c. (Last) MC COMBS		4. DATE OF DEATH (Month) (Day) (Year) December 2, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1885
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months 3	11. UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Ice Business		10b. KIND OF BUSINESS OR INDUSTRY Ice Delivery	
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data	
14. NAME OF HUSBAND OR WIFE Flora B. Mc Combs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora B. McCombs Cartersville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-2, 1950, to 12-2, 1950, that I last saw the deceased alive on 12-2, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. M. D. Blount		23b. ADDRESS Webb City Mo	
23c. DATE SIGNED 12/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-50	
24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery		24d. LOCATION (City, town, or county) (State) Cartersville Missouri	
DATE REC'D BY LOCAL REG. Dec 6-5		REGISTRAR'S SIGNATURE Hedge-Lewis	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-12-50
County Health Office
Exhibit Number 50-12-910
Date Filed 12-12-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No.

4405

P. O. Address

Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.